

OFFICE OF THE SURGEON GENERAL
Technical Information Division
Washington, D. C.

NEWS NOTES
No. 35

DISTRIBUTION: State, National and South American Medical Journals;
Dental, Veterinary and Nursing Journals;
Science Editors of newspapers and magazines;
Medical Installations in the Zone of Interior
and Theaters of Operations.

RELEASE: Upon receipt 31 December 1945

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FURTHER CRITERIA REDUCTIONS FOR MC, DC, AND VC.

Further criteria reductions to make additional doctors, dentists and veterinarians available for civilian practice were announced today by Major General Norman T. Kirk, The Surgeon General of the Army.

While the number of professional men affected by this action will not be more than a thousand, The Surgeon General's Office has ordered this revision of criteria in line with the Medical Department's policy of doing everything possible to expedite the return of doctors, dentists, and veterinarians to private life.

Under the new separation plan which becomes effective January 1, 1946, (with the exception of a comparatively small number in scarce categories) dentists, and veterinarians will be released with a critical score of 65 instead of the 70 points previously required. This same group will also be able to get out of the service, if the age of 45 has been reached instead of the former age limit of 48.

The time factor of 42 months service, which will make any of this group eligible for separation, remains the same.

The following specialists in scarce categories will be released with a critical score of 80, continuous service since Pearl Harbor, or if the age of 45 has been reached: Eye, ear, nose specialists; orthopedic surgeons; and internal medicine specialists.

A requirement of 70 points, 45 months service, or 45 years age limit will make the following eligible for separation: gastroenterologists, cardiologists, urologists, dermatologists, anaesthetists, psychiatrists, general surgeons, physical therapy officers, radiologists, and pathologists.

Plastic surgeons will be eligible for release if they have a critical score of 80, or service since Pearl Harbor, or if they are 48 years of age.

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LIBRARY

GENERAL LULL LEAVES SGO FOR AMA

Major General George F. Lull, Deputy Surgeon General of the Army, whose notable record in that capacity won him the Distinguished Service Medal, the highest noncombatant award, has retired from the Army after 33 years of service with the Medical Corps.

General and Mrs. Lull will move to Chicago, where General Lull will become Secretary and General Manager of the American Medical Association. He will take up his new duties officially in July, when the retirement of Dr. Olin West, the present Secretary and General Manager, becomes effective, but he will immediately join the staff of the American Medical Association to familiarize himself with the work of the organization.

The citation for the Distinguished Service Medal stated that, in his capacity as Chief of the Personnel Service, General Lull was largely responsible for the development of policies and studies which resulted in outstanding achievements in the Army's medical program.

Early in World War I he commanded a base hospital at Camp Beauregard, Louisiana, and later organized and commanded Base Hospital No. 35 of the A.E.F. From 1922 until 1926 General Lull was Director of the Department of Preventive Medicine at the Army Medical Center. In 1929 he was appointed Medical Adviser to the Governor General of the Philippine Islands, where he served for three years. He had charge of the Vital Records Division of The Surgeon General's Office from 1932 to 1936.

The following four years he was Director of the Department of Sanitation at the Medical Field Service School, Carlisle Barracks, Pennsylvania. In 1940 he returned to The Surgeon General's Office as Chief of Personnel Service until May 31, 1943, when he was appointed Deputy Surgeon General.

Born in Pennsylvania March 10, 1887, General Lull received his M. D. degree from Jefferson Medical College in 1909, a Certificate of Public Health from Harvard Technology School of Public Health in 1921, and his degree of Doctor of Public Health from the University of Pennsylvania in 1922. He is an honor graduate of the 1913 class of the Army Medical School.

GENERAL KIRK PRESENTS SIX LEGION OF MERIT AWARDS

Six Legion of Merit awards were presented Tuesday, 11 December 1945, by Major General Norman T. Kirk, Surgeon General of the Army, to outstanding officers who made valuable contributions to the accomplishments of the Medical Department in World War II.

The awards, which were given in the Office of The Surgeon General in the Maritime Building, reflect the War Department's policy of giving personal recognition to individuals who helped provide what Secretary of War Patterson termed the best medical care any army ever received in any war.

The following received the Legion of Merit award yesterday: Colonel Robert J. Carpenter, Executive Officer of The Surgeon General's Office, who

GENERAL KIRK PRESENTS SIX LEGION OF MERIT AWARDS (Continued)

has been "a key figure in the administrative operations of the Medical Department"; Colonel Howard W. Doane, Executive Officer to the Chief Surgeon of the European Theater of Operations, who "performed unusually superior service in supervising the administrative operations" in the medical work of ETO; Colonel John F. Lieberman, Director, Physical Standards Division, who did outstanding work in "formulating workable standards for physical examinations"; Lt. Col. Edna B. Groppe, Chief, Nursing Branch, Military Personnel Division, who was decorated for the administrative program she supervised in connection with the procurement of nurses; Lt. Col. Margaret D. Craighill, head of the Women's Health Unit, for her work in connection with medical examinations of women prior to acceptance in the service; and Captain Granville W. Larimore, Chief, Health Education Branch, Medical Intelligence and Health Education Division, for his outstanding educational work.

COL. CARPENTER AWARDED LEGION OF MERIT

Colonel Robert J. Carpenter, Medical Corps, Executive Officer of The Surgeon General's Office of the Army, a key figure in the administrative operations of the Medical Department, was recently presented with the Legion of Merit award by Major General Norman T. Kirk, The Surgeon General of the Army.

His outstanding achievements as Executive Officer, the excellent work he performed as Custodian of the Central Hospital Fund, and his resourcefulness in handling the innumerable problems of Medical Department administration were among the reasons cited for making the award.

In addition to the exceptional performance of his duties as Executive Officer, Colonel Carpenter also reorganized the Central Hospital Fund to meet the enlarged requirements of the Medical Department, and has ably served as Custodian of the fund. The assets in this fund involve approximately \$10,000,000.

Col. Carpenter, who was born 6 March 1888, practiced medicine in North Adams, Mass., since 1914, except for the time he served in the Army. He was with Field Hospital NO. 1, Massachusetts National Guard, as a First Lieutenant on the Mexican Border in 1916. Commissioned as 1st Lieutenant, Medical Reserve Corps, U. S. Army, June 27, 1917, he helped organize Ambulance Company #13, which later became 301st Ambulance Company in the 76th Division. He commanded this company until March 23, 1918, when he became Commanding Officer of the 302nd Field Hospital of the 76th Division. He went overseas with this outfit.

Later he was assigned to the IV Army Corps Headquarters for the Meuse-Argonne offensive, and then to the Army of Occupation in Germany.

In July 1919 Col. Carpenter was discharged at Fort Devens, Mass. He recruited the staff and organized the 243rd Station Hospital, which later became the 117th General Hospital. This unit was activated February 25, 1943.

COL. CARPENTER AWARDED LEGION OF MERIT (Continued)

Col. Carpenter was assigned to The Surgeon General's Office as Assistant Executive Officer March 10, 1943. He became Executive Officer December 21, 1943, and also was designated Chief of Administrative Service, as well as Custodian, Central Hospital Fund.

MAJOR FOGELBERG SUCCEEDS COLONEL CUMMINS AS FISCAL DIRECTOR

Major Neptune Fogelberg, MAC, has been appointed Director of the Fiscal Division of the Army Medical Department, to succeed Lt. Col. Walter J. Cummins, who plans to join the St. Louis office of the Veterans Administration.

Since entering the service November 17, 1942, Major Fogelberg has been assigned to fiscal work in the Medical Department. His first assignment was as Fiscal Officer in the Medical Department Fiscal Branch Office, Chicago Medical Depot, from December 1942 until August 1943. He was then transferred to the Field Supervision Branch, Fiscal Division, The Surgeon General's Office. In March 1944 he was made Chief, Budget Branch, Fiscal Division of SGO, in which capacity he served until his recent promotion to the directorship.

Born in Logan, Utah, Major Fogelberg is a graduate of Utah State Agricultural College and of the Harvard Graduate School of Business Administration, where he majored in finance, receiving an M.B.A. degree.

In civilian life he was Senior Agricultural Economist in the U. S. Department of Agriculture, Washington, D. C. In addition to performing the duties of this office, he also served as Assistant to the Chief, Cooperative Research and Service Division of the Farm Credit Administration, where he was responsible for the submission and administration of the Division's annual budget. Major Fogelberg and his wife live at 10614 South Dunmoor Drive, Silver Spring, Maryland.

FELLOWSHIPS IN MEDICAL RESEARCH

Acting as agent for various national societies, the National Research Council is offering additional fellowships which are available to newly separated Medical Department officers holding M. D. or Ph. D. degrees. These fellowships are in the fields of cancer research and anesthesiology.

Funds for the former are being provided by the American Cancer Society and administered by the National Research Council's newly appointed Committee on Growth. Fellowship stipends vary from \$2,000 to \$3,000 per year. They are intended for those who, as a rule, are under 34 years of age. Although they are for a period of one year, they may be renewed. A limited number of senior fellowships for older, particularly qualified individuals planning to specialize in cancer research are available for three-year periods with stipends of \$3,000 to \$6,000 per annum. Applications should be filed before 1 February 1946.

FELLOWSHIPS IN MEDICAL RESEARCH (Continued)

Fellowships in anesthesiology, supported by the American Society of Anesthesiologists are in addition to those in filtrable viruses, orthopedic surgery, and medical sciences described in the October Bulletin. Applications should be filed before 1 July 1946. For further information and application forms, write to: The Chairman, Division of Medical Sciences, National Research Council, 2101 Constitution Avenue, Washington 25, D. C.

ARMY INSTITUTE OF PATHOLOGY - ARMY MEDICAL MUSEUM

The Army Institute of Pathology is the central laboratory of pathology for the entire United States Army. It comprises four departments: the Laboratories of Pathology, the American Registry of Pathology, the Army Medical Illustration Service, and the Army Medical Museum. These four departments are administratively coordinated by the Director, who is a colonel in the Medical Corps of the Regular Army. The professional staff consists of more than twenty officers who have been selected on the basis of specialized knowledge. Technical and clerical aid is rendered by a detachment of 30 enlisted men and WACS and 62 Civil Service employees.

The Institute, a division of The Surgeon General's Office, is housed, together with the Army Medical Library, at Seventh Street and Independence Avenue, S.W., Washington, D. C. The present building, erected in 1887, being no longer adequate for the needs of either organization, plans for new and separate buildings are now being prepared.

FUNCTIONS

The Army Institute of Pathology has three principal functions:

a. It furnishes a consultation service for the diagnosis of pathologic tissue for the entire Army;

b. It conducts investigation and research on diseases of medico-military importance;

c. It supplies instruction in pathologic anatomy to Medical Department officers.

a) Diagnosis of Pathologic Tissue. Army regulations require that the pertinent tissues from all the more important operations, and particularly all tumors or suspected tumors, be sent to this laboratory for diagnosis, for consultation, or for review and final opinion. Also sent for review are the records and material from every postmortem examination performed on military personnel. This material includes representative portions of various organs, or sometimes entire organs of especial significance or interest. All of this material, surgical and postmortem, is examined by competent pathologists, and reports are returned to the submitting stations. Thus soldiers, as well as the Government, are protected against errors in diagnosis; surgeons are aided in their operative work; internists in the investigation of the condition of the patient; and all medical officers in

ARMY INSTITUTE OF PATHOLOGY - ARMY MEDICAL MUSEUM (Continued)

the diagnosis, treatment, and prevention of diseases and injuries. To an increasing degree medical officers in military installations throughout the world are making use of the facilities provided by this laboratory by sending in by air mail pathologic material, especially from biopsies on tumors. Reports returned by radiogram insure the prompt institution of proper methods of treatment.

The advantages of this central laboratory of pathology to medical officers are obvious, but there are other important reasons for bringing this material together under one roof. By analyzing the collected data, it is possible to furnish information to The Surgeon General regarding current trends of disease in the many localities occupied by troops. Furthermore, this central organization is daily consulted as to the pathologic findings in previous operations; this is of particular value to the Army, in which it is often necessary to move patients from one hospital to another.

b) Investigation and Research. By regulation, the Army Institute of Pathology is required to conduct investigation and research on diseases of medico-military importance. The assembling of all significant pathologic material in one central laboratory is unique in the history of military medicine, and furnishes the U. S. Medical Department with an unequalled opportunity to gain needed information on disease processes prevalent in men of military age. A carefully planned and executed study of pathology characteristic of this age period will yield lasting and significant benefits to the Army and to the Nation. All research in the Institute has been centered around diseases of the soldier. Studies already completed deal with the comparative pathology of scrub typhus and other rickettsial diseases, with trench foot, fat embolism, epidemic hepatitis, gynecomastia, brain lesions following extractions of teeth, coronary disease, heat stroke, teratomas of the mediastinum, and odontogenic tumors. Other studies are in progress, both by members of the staff and by distinguished civilian pathologists who have made valuable contributions to the Institute by serving as Resident Consultants. It is anticipated that such investigations will give a clearer insight into the "pathology of the soldier."

c) Training of Medical Department Officers in Pathologic Anatomy. In order to keep medical officers throughout the Army informed about the pathology of diseases prevalent in this war, the members of the staff of the Institute have prepared study sets, consisting of slides together with illustrated and descriptive syllabuses and atlases covering special fields in pathology. Sets of 100 slides cover comprehensively the pathology of such important specialties as ophthalmology, otolaryngology, orthopedics, neurology, dermatology, gynecology, urology, and dental and oral surgery. They are used not only by Army and civilian pathologists, but also by medical officers and clinicians preparing for the board examinations. Smaller sets, of 25 slides each, demonstrate lesions of the lymph nodes, the thyroid gland, epidemic hepatitis, interstitial pneumonitis, fungus diseases, the encephalitides, and certain tumors, such as those of breast, skin, bones, and brain. This instructive material is available on a loan basis. Within the last year over 1000 sets have been sent out in response to requests from Army medical installations alone.

ARMY INSTITUTE OF PATHOLOGY - ARMY MEDICAL MUSEUM (Continued)

Other teaching devices furnished consist of lantern slides and outlines for clinico-pathologic conferences. Schools of the United States and Canada have been supplied with tissues from cases of tropical disease, in an effort to increase the effectiveness of the teaching of a subject which has become so important in this war and may be expected to be equally important in the postwar period. The medical schools have also been sent sets of colored lantern slides showing the clinical and pathologic features of all the more important tropical diseases. Through the facilities of its departments the Institute is also able to give assistance of many kinds to medical officers who are conducting special studies.

DEPARTMENTS OF THE ARMY INSTITUTE OF PATHOLOGY

To the Laboratories of Pathology, the heart of the Institute, come all the pathologic material from military sources; from them emanate the reports on tissue sent for consultation; and here are made most of the definitive studies on diseases encountered in the Army. Between 3,500 to 4000 "cases" equally divided between postmortem and surgical, are received each month for diagnosis, consultation, or review. A staff of competent pathologists, histopathologic technicians (of which the Institute has 17), clerks trained in accessioning, record clerks, and index clerks are required. The return of the Army to peacetime status will decrease the work of the Institute but little, since it is contemplated that it will serve as a central pathologic laboratory for the Veterans' Administration as well as for the Army.

The American Registry of Pathology, operating under the auspices of the National Research Council, is housed at the Army Institute of Pathology by authority of The Surgeon General. The American Registry of Pathology purpose is comprehensive investigation in specific fields, which at present comprise: ophthalmic, otolaryngologic, orthopedic, dental and oral, neurologic, dermal, geriatric and veterinary pathology, pathology of neoplasms, with special consideration given to those of the endocrine glands, lymph nodes, the kidney, the urinary bladder, the prostate gland, and the lungs. Through close cooperation with various national societies, records and material are brought together at the Army Institute of Pathology for systematic study. There are on hand for investigation approximately 18,000 enucleated eyes (including 2000 with malignant melanoma), and 5,000 tumors of the urinary bladder. All material and records of the Registry are available to medical officers, graduate students, specialists, and other qualified physicians.

Certain sections of the Registry have proved to be of great value to military medicine. For example, the experience gained from the Registry of Ophthalmic Pathology has contributed to the understanding of missile injuries of the eyes. The facilities of the Registry of Otolaryngologic pathology have been found admirably suited to the study of wartime diseases affecting the internal ear, such as aerotitis in flyers. Since tumors have been found much more prevalent in men of military age than had been suspected, all of the Tumor Registries have furnished important basic and supplementary data in the study of the pathology of the soldier.

ARMY INSTITUTE OF PATHOLOGY - ARMY MEDICAL MUSEUM (Continued)

The Army Medical Illustration Service, as organized at the Army Institute of Pathology, consists of two independent sections. The Photographic Laboratory, started shortly after the Civil War by Woodward, a pioneer in photomicrography, has become widely known for the high quality of its work and through the years has amassed a collection of approximately 100,000 negatives of medical interest. During August 1945, an average month, the Laboratory prepared more than 2,800 prints, 1,000 colored lantern slides, 2,600 photostats and 27,000 offset prints.

The other section, the Museum and Medical Arts Service organized at the beginning of this war, secures illustrative records, photographs and drawings of wounds, injuries, and diseases peculiar to the countries in which our troops are stationed; also trains men, already expert in the lines of medical photography and art, to adapt their skills to the conditions of work in the field. Every Theater of Operations has one or more detachments of medical photographers and artists which send a vast amount of pictorial material to their headquarters at the Institute. These illustrations are invaluable for instruction, and will serve as a record of the medical activities of this war. The Museum and Medical Arts Service also supervises the clinical photographic departments of over 60 general hospitals in this country, and receives from them an average of 5,000 photographs a month, as well as moving picture film. This wealth of material is carefully classified and arranged for use by the Army Medical Department.

The Army Medical Museum, the parent organization of the Army Institute of Pathology and its several departments, was established during the Civil War to house collected specimens of gunshot wounds and other war injuries that were to be used for the instruction of Army surgeons. In the course of time it has grown to be the largest museum of its kind in the world. It has famous collections of microscopes, from the earliest to the most modern models, of ophthalmoscopes, stethoscopes, and other diagnostic instruments, and comprehensive collections of medical coins, medals, and stamps. Its material also includes the famous Huntington collection of comparative anatomy. The exhibits on view illustrate wounds of war, from those caused by Indian tomahawks to those caused by the latest explosives, and also present specimens of all diseases that afflict man and the animals of use to man. Although Europe has had several notable medical museums open to laymen, the Army Medical Museum is the only one in the United States which admits the general public, receiving as many as 200,000 interested visitors each year.

AWARD FOR CARE OF MENTALLY ILL PATIENTS

The Commanding General, Army Service Forces, Second Service Command, Governors Island, has awarded the Meritorious Service Unit Plaque to the 1263rd S.C.U., Mason General Hospital, Brentwood, L.I., N.Y. During the period 1 December 1944 to 31 May 1945, this unit performed its duties in a superior manner and demonstrated outstanding devotion to duty. Its accomplishments in the care and disposition of mentally ill patients are considered an outstanding contribution in the field of military hospitalization and evacuation. Only through enthusiastic and unselfish devotion to

AWARD FOR CARE OF MENTALLY ILL PATIENTS (Continued)

duty could such high standards of service be attained. The accomplishments of this unit reflect great credit upon itself and the military service. The unit and each assigned member thereof is authorized to wear the Meritorious Service Unit Badge.

MEDICAL INFORMATION DISSEMINATED BY MICRO-FILM

The Army Medical Library's system of broadcasting current information by means of micro-film prevented many countries in various parts of the world from being blacked-out from a standpoint of the latest medical and surgical knowledge, according to a statement released by Major General Norman T. Kirk, The Surgeon General of the Army.

Millions of pages of medical literature revealing the latest developments during the war were furnished to isolated posts and occupied countries by means of this miniature method of reproduction, to keep American and Allied and other doctors abreast of advances being made in Army practice.

The secrets of the use of the miracle drugs, penicillin and the sulfas, which were developed in this war, would have remained unknown to large portions of the world, if it had not been for the dissemination of such information through micro-film, General Kirk said.

Untold numbers of lives have been saved as a result of this world-wide plan of broadcasting new discoveries and techniques in saving the lives of the American and Allied sick and wounded located on isolated posts, as well as of people in occupied countries.

Representatives of the Rockefeller Foundation and other similar organizations reported that after the Japs closed the Burma road, China would have been in almost total darkness as far as knowing the progress that was being made during the war years in the field of surgery and medicine, if it had not been for this micro-film plan.

Colonel Leon L. Gardner, Director of the Army Medical Library explained that it would have been impossible to send out the hundreds of tons of literature covering all the various phases of medical advances being made in this war. However, by a system of selection, the significant material was reduced to micro-film and broadcast to all parts of the world.

Mr. Cosby Brinkley, Chief of the Army Medical Library's Photographic Duplication Service, who has been largely responsible for the development and management of this service, said that the entire material contained in about fifteen medical journals can be reproduced on one 100 foot roll of 35-millimeter film, which weighs only 8 ounces. When ready for shipping, this roll measures $3\frac{1}{2}$ inches in diameter and $1\frac{1}{2}$ inches in thickness.

Professional men who received these films used ordinary photographic enlargers, or some type of projection or viewing apparatus, to flash, in

MEDICAL INFORMATION DISSEMINATED BY MICRO-FILM (Continued)

miniature page, onto some form of screen, so that the secrets of what was being learned by doctors in all parts of the world could be put to use by them.

High priority was given these rolls of micro-film, which were sent by air mail to American and Allied commanders of posts and hospitals and to key individuals in occupied countries. The State Department cooperated by transmitting some of these rolls in diplomatic pouches..

Mr. Brinkley said that from 40,000 to 60,000 feet of these micro-films were sent out monthly, which means that over 10,000,000 pages of medical literature a year was being flashed to scientists throughout all theaters of operations. In less than a day, he explained, a negative and sufficient positives could be made for complete coverage of the world-wide mailing list which the Army Medical Library built up.

NUTRITION SURVEYS CONDUCTED IN GERMANY

Charged with safeguarding the health of American soldiers and advising and cooperating with the Military Government in Germany, the Army Medical Department has furnished plans and directions, as well as personnel, for carrying out nutritional studies which far surpass in scope and magnitude anything of the kind ever attempted before, Major General Norman T. Kirk, Surgeon General of the Army, announced today.

At the present time about 20,000 civilians in the U. S. Zone of Germany are being given physical examinations each month and approximately 100,000 more are weighed monthly as a means of determining the health curve of the population in the American occupied areas.

Colonel J. B. Youmans, M. C., Director of the Civil Public Health and Nutrition Division of the Army Medical Department, visited Germany in August, September, and October to aid in setting up the machinery for this vast nutritional survey work which gives the authorities an indication of the health of German civilians. Major William F. Ashe, Jr., M. C., of The Surgeon General's Office, is now serving as Chief Nutritional Consultant for the Office of Military Government of the United States in the German occupied territory.

This unprecedented survey work is being carried on in Germany under five nutrition survey units and one in Austria, each headed by an expert nutrition officer with a staff of trained doctors and technicians qualified to establish the nutritional status of individuals. Each group is equipped with compact and mobile laboratory apparatus designed for making tests of blood hemoglobin, serum protein, plasma Vitamin C, thiamin, riboflavin, and other nutritional factors.

Examinations are conducted in every city of the United States Zone with the cooperation of civilian public health and food rationing authorities. In every city of over 10,000 population, weighing examinations are made of

NUTRITION SURVEYS CONDUCTED IN GERMANY (Continued)

five per cent of the population. This percentage is graduated down to a point of .5% of the population of a city of 1,000,000. These weighing examinations, which can be given rapidly, provide a rough indication of the nutritional status of various communities.

The nutritional physical examinations are done on a sampling basis to afford an accurate picture of the nutritional condition of different groups. Doctors from these nutrition groups direct a certain number of persons to be examined of various ages and occupations, both men and women. The ration cards of the prescribed number are obtained through the police, and the individuals are notified.

In each case the individual is questioned regarding the diet he or she has been following and the amount of food consumed. From the clinical examinations and laboratory studies an estimate of the effect of such a diet can be made. An analysis of all the examinations given in a community form the basis for recommendations on the adequacy or inadequacy of food in that area.

Food and agricultural authorities take these studies into account in determining the amount of food supplies needed, the movement of food, and estimates for food production.

REFRESHER TRAINING FOR DOCTORS LEAVING SERVICE

Refresher training of 12 weeks' duration will be given Army doctors leaving the service who desire to brush up on latest developments in fields of medicine, surgery, or neuropsychiatry in which they may not have been actively practicing during the past year, Major General Norman T. Kirk, Surgeon General of the Army, announced today.

This training, which will prepare retiring Army doctors for return to private practice with latest knowledge of medical advances made during the war, will be given at Army hospitals until June 30, 1946. Reserve Corps, National Guard, and AUS Medical Corps officers who are to be separated will be eligible for this schooling.

The election of the period of refresher training is entirely voluntary, and applications may be made through channels to The Surgeon General in the case of medical officers assigned to the Army Service Forces, Army Ground Forces and Army Air Forces. Medical officers returning from overseas may make application for refresher training from the Reception Stations or Separation Centers through the ASF Liaison Officer directly to The Surgeon General. It is pointed out that medical officers cannot be recalled to active duty from terminal leave for the purpose of accepting a professional assignment for refresher training.

Numerous requests have been received by The Surgeon General from Reserve Corps, National Guard, and AUS Medical officers who are about to be separated and who desire to remain in service for a short period of professional duty prior to return to civilian life. These officers are

REFRESHER TRAINING FOR DOCTORS LEAVING SERVICE (Continued)

anxious to return to their civilian practices with the advantages of the latest medical knowledge. Due to the tremendous demand for refresher training placed upon civilian medical teaching centers, many of these medical officers have been unable to arrange for refresher training.

The Surgeon General emphasizes the fact that the refresher training is accomplished by a 12-week temporary duty assignment in the professional field of interest at an Army hospital without per diem. Such an assignment will afford the medical officer a period of clinical work under supervision, and excellent opportunities for collateral study of recent advances in medicine, surgery, and neuropsychiatry.

DANGER OF MALARIA EPIDEMIC STEADILY DECREASING

Risk of introduction of an epidemic of malaria by returning soldiers from overseas is continually decreasing, according to a statement today by Major General Norman T. Kirk, Surgeon General of The Army.

The situation is reflected in the rate of admissions of malarious cases in hospitals in this country which reached a peak of 6,000 cases in February of this year and has been following a declining curve since that time, General Kirk said.

It is expected that the rate will continue to go down because a large proportion of the personnel of divisions heavily seeded with malaria in the early stages of the war already have been returned to this country.

At one time this disease was incapacitating about ten times more American soldiers than Japanese implements of war. The progress of the war in the Pacific in the early stages was seriously impeded until a special malaria control organization was established which helped bring this hazard under control principally by anti-mosquito measures and atabrine.

During this high incidence of malaria in the Pacific there was concern that epidemics might develop in this country with the return of soldiers who had been infected. Since atabrine is not a cure but only a suppressive in most types of malaria, it was feared that returned soldiers who had stopped taking atabrine would suffer relapses which would lead to the spread of the disease here.

Lt. Colonel O. R. McCoy, Medical Corps, Chief of the Tropical Disease Control Division in the Preventive Medicine Service of the Surgeon General's Office, issued a statement in the fall of 1943 that, with proper precautions, there should be little danger of any serious epidemic of malaria in this country due to returning servicemen. Developments since that time have shown that the incidence of malaria among civilians in this country has not increased.

As men returned from overseas service during the latter part of 1943, the number of admissions to hospitals in the United States began to rise, bringing the total for the year to 5,075. Practically all of these cases

DANGER OF MALARIA EPIDEMIC-STEADILY DECREASING((Continued)

represented relapses of malaria infections acquired overseas. In 1944 more than five times as many such cases were recorded, a total of 28,150. In the first six months of 1945 there were 30,420 such admissions. Since February of this year the curve has taken an abrupt downward turn that has steadily continued until the number of such cases is approaching the low level of the early part of 1943.

Colonel McCoy explained that in the majority of cases the disease has run its course after a man has suffered a few relapses and no permanent damage has been done. Experience with the Pacific type of vivax malaria indicates that in 1,000 cases about one-third will have only one relapse. Only about 40 out of a thousand will suffer ten relapses and only about one in a thousand will have as many as 20 attacks. The relapses are less severe as time goes on.

If a soldier who suffers a relapse of malaria is given proper treatment, the symptoms will be rapidly relieved and progress of the disease will be quickly suppressed, according to Colonel McCoy.

There is no permanent damage and only brief incapacitation results if prompt and efficient action is taken. Fear of the disease due to lack of information can cause more harm than malaria itself.

The type of malaria of greatest military significance to American troops is vivax or benign tertian malaria, which is rarely a serious disease. About 90% of Army cases are of this type. A man taking the necessary small doses of atabrine who has been infected with malaria can continue his arduous duties without suffering any symptoms. When the infected soldier stops taking atabrine the usual symptoms, chills, fever, headache and nausea, may appear. Atabrine does not always completely cure benign malaria.

Another type - malignant tertian malaria - which has been of concern to American troops can prove fatal if prompt and proper treatment is not given. Since this type can be completely cured by atabrine, it has not been so much of a problem as the benign type.

During a relapse a man may suffer loss of weight and anemia, but this can be corrected in a comparatively short time by rest, proper diet and in some cases, a tonic. Complete recovery usually takes place before another relapse. The effects are not cumulative in the cases where individuals suffer a large number of relapses.

The yellow color the skin takes on as a result of taking atabrine gives concern to many victims of this disease. This is not due to jaundice or any malfunctioning of the body, but is caused by the yellow color of atabrine which is deposited in the skin. It will disappear a few weeks after the soldier stops taking atabrine.

Malaria has been a disabling disease in this war - it has been by far the major medical problem encountered by the Army overseas, but it has rarely been fatal. In the few cases of death malaria has usually been associated with other diseases and with circumstances which caused delay or inadequate treatment, according to Army records.

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* Manuscripts submitted for review to the *

* Surgeon General's Office should be sent* to *

* the Technical Information Division -- *

* 2C289, Pentagon. *

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ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL RAYMOND O. DART, MC, of San Francisco, California, formerly MDRP, Letterman General Hospital, San Francisco, California, assigned to Personnel Service.

CAPTAIN JEAN L. BEATTY, PT, of Ellsworth, Kansas, formerly Overseas, European Theater of Operations, assigned to Personnel Service, Military Personnel Division, Physical Therapist Branch.

CAPTAIN MYRTLE ALDRICH, MDD, of Good Thunder, Minnesota, formerly Overseas, European Theater of Operations, assigned to Personnel Service, Military Personnel Division, Medical Department Dietitian Branch.

COLONEL WALTER BAUER, MC, of Boston, Massachusetts, formerly MDRP, Letterman General Hospital, San Francisco, California, assigned to Medical Consultants Division, General Medicine Branch.

2D LIEUTENANT RICHARD R. RANNEY, MAC, of Arlington, Virginia, formerly 6th Service Command, Percy Jones General Hospital, Battle Creek, Michigan, assigned to Control Division, Procedures Branch.

MAJOR BURT N. COERS, MC, of Memphis, Tennessee, formerly Camp Sibert, Alabama, assigned to Operations Service, Training Division, Training Doctrine Branch.

COLONEL WILLIAM E. JENNINGS, VC, of Front Royal, Virginia, formerly Nanking, China, assigned to Veterinary Division, Animal Service Branch.

LIEUTENANT COLONEL JAMES B. WEAVER, MC, of Kansas City, Kansas, formerly Fort Leavenworth, Kansas, assigned to Personnel Service, Military Personnel Division, Procurement, Separation & Reserve Branch.

1ST LIEUTENANT JOSEPH A. KENNEDY, MAC, of Chester, Pennsylvania, formerly Army Medical Purchasing Office, New York, New York, assigned to Army Medical Research & Development Board, Development Division, Liaison Branch.

CAPTAIN WILLIAM H. LINDSEY, MAC, of Denver, Colorado, formerly MDRP, Carlisle Barracks, Pennsylvania, assigned to Personnel Service, Military Personnel Division, Assignments Branch.

CAPTAIN FRANK RATHAUSER, MC, of Trenton, New Jersey, formerly Tilton General Hospital, Fort Dix, New Jersey, assigned to Historical Division.

LIEUTENANT COLONEL FIORINDO A. SIMEONE, MC, of Boston, Massachusetts, formerly MDRP, Lovell General Hospital, Fort Devens, Massachusetts, assigned to Surgical Consultants Division.

MAJOR EVERETT W. PARTIN, MAC, of Denver, Colorado, formerly Fort Logan, Colorado, assigned to Deputy Surgeon General, Army Medical Research & Development Board, Development Division, Liaison Branch.

ARRIVALS, OFFICE OF THE SURGEON GENERAL (Continued)

COLONEL WORTH B. DANIELS, MC, of Washington, D. C., formerly 8th Service Command, Harmon General Hospital, Longview, Texas, assigned to Medical Consultants Division.

LIEUTENANT COLONEL MIDDLETON E. RANDOLPH, MC, of Baltimore, Maryland, formerly Valley Forge General Hospital, Phoenixville, Pennsylvania, assigned to Surgical Consultants Division, Ophthalmology Branch.

CAPTAIN ARCHIBALD H. LOGAN, JR., MC, of Rochester, Minnesota, formerly Headquarters, Alaskan Department, APO 942, Seattle, Washington, assigned to Personnel Service.

1ST LIEUTENANT BERT R. SHEPARD, AC, of Clinton, Indiana, formerly Adjutant General's Office, Washington, D. C., assigned to Technical Information Planning Branch.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL OTTO A. WURL, MC, of Council Bluffs, Iowa, formerly Professional Administrative Service, Medical Statistics Division, assigned to Brooke General Hospital, Fort Sam Houston, Texas.

MAJOR EVERETT G. GRANTHAM, MC, of Louisville, Kentucky, formerly Surgical Consultants Division, General Surgery Branch, assigned to Separation Center, Fort Knox, Kentucky.

CAPTAIN ALBERT J. DYER, SnC, of Columbia, Missouri, formerly Preventive Medicine Service, Civil Public Health & Nutrition Division, assigned to Separation Center, Jefferson Barracks, Missouri.

LIEUTENANT COLONEL ANTHONY RUPPERSBERG, JR., MC, of Columbus, Ohio, formerly Operations Service, Hospital Division, Administration Branch, assigned to Separation Center, Camp Atterbury, Indiana.

MAJOR GEORGE B. STEGMAIER, MAC, of Chicago, Illinois, formerly Professional Administrative Service, Medical Statistics Division, Machine Records Branch, assigned to Separation Center, Camp Grant, Illinois.

LIEUTENANT COLONEL HARRY M. LUTGENS, MAC, of San Rafael, California, formerly Technical Information Division, assigned to Separation Center, Camp Beale, California.

LIEUTENANT COLONEL JOHN B. KLOPP, MC, of Chester, Pennsylvania, formerly Army Medical Research & Development Board, Development Division, assigned to Separation Center, Indiantown Gap Military Reservation, Pennsylvania.

LIEUTENANT COLONEL LEON H. WARREN, MC, of Arlington, Virginia, formerly Army Medical Research & Development Board, Research Division, assigned to Separation Center, Indiantown Gap Military Reservation, Pennsylvania.

COLONEL AUGUSTUS THORNDIKE, MC, of Chesnut Hill, Massachusetts, formerly Reconditioning Consultants Division, assigned to Separation Center, Fort Devens, Massachusetts.

MAJOR ERNEST B. HOWARD, MC, of Belmont, Massachusetts, formerly Historical Division, assigned to Separation Center, Fort Devens, Massachusetts.

CAPTAIN OLAF M. LOYTTY, MAC, of Westfield, New Jersey, formerly Executive Office, Personnel Control Unit, assigned to Separation Center, Fort Dix, New Jersey.

CAPTAIN ERNEST M. GRUENBERG, MC, of Washington, D. C., formerly Historical Division, assigned to Halloran General Hospital, Staten Island, New York.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

LIEUTENANT COLONEL WALTER J. CUMMINS, MAC, of Kinsey, Missouri, formerly Director, Fiscal Division, assigned to Separation Center, Jefferson Barracks, Missouri.

MAJOR THOMAS H. G. AITKEN, SnC, of San Francisco, California, formerly Preventive Medicine Service, Infectious Disease Control Division, assigned to Separation Center, Camp Beale, California.

CAPTAIN STANLEY D. BURTON, MC, of Chicago, Illinois, formerly Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch, assigned to Separation Center, Fort George G. Meade, Maryland.

CAPTAIN MIRIAM MILLS, MC, of Brookhaven, Mississippi, formerly Professional Administrative Service, Deputy Chief, Women's Health & Welfare Unit, assigned to 5th Service Command, Ashford General Hospital, White Sulphur Springs, West Virginia.

MAJOR ROBERT CARGIN, MAC, of Memphis, Tennessee, formerly Supply Service, Distribution Division, Domestic Branch, assigned to Camp Haan, Riverside, California.

LIEUTENANT COLONEL FRANCIS C. LITTLE, MAC, of Washington, D. C., formerly Supply Service, International Division, assigned to Separation Center, Fort George G. Meade, Maryland.

1ST LIEUTENANT E. LUCINDA GRAVES, ANC, of Indianola, Iowa, formerly Technical Information Division, Army Nurse Branch, assigned to 7th Service Command, Schick General Hospital, Clinton, Iowa.

CAPTAIN WAYNE W. AMOS, MAC, of Holdenville, Oklahoma, formerly Executive Office, assigned to Separation Center, Fort Chaffee, Arkansas.

COLONEL ELDRIDGE H. CAMPBELL, JR., MC, of Albany, New York, formerly Surgical Consultants Division, General Surgery Branch, assigned to Separation Center, Fort Dix, New Jersey.

MAJOR RAYMOND E. MASTERS, MC, of East McKeesport, Pennsylvania, formerly Professional Administrative Service, Physical Standards Division, Induction & Appointments Branch, assigned to Separation Center, Indiantown Gap, Pennsylvania.

CAPTAIN JAMES C. WREN, MC, of Haworth, New Jersey, formerly Professional Administrative Service, Physical Standards Division, Disposition & Retirement Branch, assigned to Separation Center, Fort Dix, New Jersey.

CAPTAIN VERNOLA W. MCCULLOUGH, ANC, of Mount Vernon, New Hampshire, formerly Professional Administrative Service, Nursing Division, Nursing Policies Branch, assigned to Army Medical Center, Washington, D. C.

REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

1ST LIEUTENANT PAUL J. MILLER, MAC, is relieved from duty with the Personnel Control Unit, Personnel Service, and transferred to Personnel Control Unit, Executive Office.

LIEUTENANT COLONEL MARGARET D. CRAIGHILL, MC, is relieved from duty with Women's Health & Welfare Unit, Professional Administrative Service, and transferred to Historical Division.